

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 28, 2000 8:00 am
Secretary of State

04-28-2000 90037 020 ****61.25

DOCUMENT # N11171

1. Entity Name
GOLF VIEW TERRACE CONDOMINIUM ASSOCIATION, INC.

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| Principal Place of Business 2196 KNOX MCRAE DRIVE UNIT L TITUSVILLE FL 32780 | Mailing Address 2196 KNOX MCRAE UNIT L TITUSVILLE FL 32780-5265 |
|--|--|



DO NOT WRITE IN THIS SPACE

| | |
|---|---|
| 2. Principal Place of Business 2196 KNOX MCRAE DRIVE Suite, Apt. #, etc. D | 3. Mailing Address 2196 KNOX MCRAE DRIVE Suite, Apt. #, etc. D |
|---|---|

| | | | |
|---------------------------------------|---------------------------------------|--|--|
| City & State TITUSVILLE, FL | City & State TITUSVILLE, FL | 4. FEI Number NOT APPLICABLE | Applied For <input type="checkbox"/> Not Applicable |
| Zip 32780 | Country U.S.A. | Zip 32780-5265 | Country U.S.A. |

| | |
|---|---|
| 6. Name and Address of Current Registered Agent TALBERT, HARVEY 4190 HICKORY LAKE CT UNIT H TITUSVILLE FL 32780 | 7. Name and Address of New Registered Agent Name EDWARD REAS Street Address (P.O. Box Number is Not Acceptable) 2196 KNOX MCRAE DRIVE UNIT D City TITUSVILLE FL Zip Code 32780 |
|---|---|

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the state of Florida.

SIGNATURE _____ DATE **MAY 30, 2000**

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

| | | |
|---|---|--|
| FILE NOW: FEE IS \$61.25 | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees | Make Check Payable to Department of State |
|---|---|--|

| 10. OFFICERS AND DIRECTORS | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 | |
|--|--|--|--|
| TITLE PD | NAME TALBERT, HARVEY | TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| STREET ADDRESS 4190 HICKORY LAKE CT | CITY-ST-ZIP TITUSVILLE FL | NAME | |
| TITLE | <input checked="" type="checkbox"/> Delete | STREET ADDRESS 2196 KNOX MCRAE DRIVE, UNIT L | |
| NAME HOULT, SHIRLEY | | CITY-ST-ZIP TITUSVILLE, FL, 32780 | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| STREET ADDRESS 2196 KNOX MCRAE, UNIT L | | NAME TA TYNAN, FRANK | |
| CITY-ST-ZIP TITUSVILLE FL | <input checked="" type="checkbox"/> Delete | STREET ADDRESS 2196 KNOX MCRAE DRIVE, UNIT L | |
| TITLE | <input type="checkbox"/> Delete | CITY-ST-ZIP TITUSVILLE, FL, 32780 | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| STREET ADDRESS | | NAME | |
| CITY-ST-ZIP | <input type="checkbox"/> Delete | STREET ADDRESS | |
| TITLE | <input type="checkbox"/> Delete | CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| STREET ADDRESS | | NAME | |
| CITY-ST-ZIP | <input type="checkbox"/> Delete | STREET ADDRESS | |
| TITLE | <input type="checkbox"/> Delete | CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
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| TITLE | <input type="checkbox"/> Delete | CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| STREET ADDRESS | | NAME | |
| CITY-ST-ZIP | <input type="checkbox"/> Delete | STREET ADDRESS | |

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowers.

SIGNATURE: **M. TYNAN DAY** DATE: **Apr. 17, 2000**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

#321-383-8045
Daytime Phone #

CR2E037 19/99